

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

6604  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.
- Complete employer verification form(s) for each employer and each person you represent as listed below.

## FOR OFFICE USE ONLY

Postmark Date: 2-2-98

REG

1380880

✓ # 5092  
\$10.00  
SB

1. NAME Vega Kimberly D  
Last First MI

2. BUSINESS PHONE 504-922-7777  
Area Code and Phone Number

3. BUSINESS ADDRESS 8772 Quarters Lake Rd. Suite 26 BR, LA 70809  
Street and No. City State Zip

4. EMPLOYER Creative Communications, Inc.

5. EMPLOYER'S ADDRESS 8772 Quarters Lake Rd. Suite 26 BR, LA 70809  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THIS LISTING.

1. Name Creative Communications Inc. - Randy Hayden

Address 8772 Quarters Lake Rd, Suite 26 BR 70809

Business or purpose government and public relations

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

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3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of LOUISIANA

Parish of EAST BAYOU ROUGE

Before me, the undersigned authority, personally came and appeared Kimberly D. Vega, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

K. Vega  
Signature of Lobbyist

Sworn to and subscribed before me on this 30th day of

January, 19 98.

James J. B. [Signature]  
Notary Public

